

INSTRUCTIONS

UNIFORM APPLICATION FOR LICENSURE/REGISTRATION

This application will not be considered complete until this Office receives all fees and required information. Failure to provide all documentation will result in increased processing time and possible denial of the application. All blanks must be completed. If N/A, so state.

- No. 1 Full legal name of entity. The only instance, in which the "applicant" may be a natural person, is if the applicant is a sole proprietorship. Otherwise, the "applicant" is a separate legal entity that will be conducting business. The name inserted on this line must be **identical** to the name filed with the Secretary of State from the state in which you are applying.
- No. 2 If applicant operates under a trade or assumed name, the name inserted on this line must be **identical** to the name that appears on the certificate of registration filed with the proper state authority in which the applicant is applying (e.g. Secretary of State).
- No. 3 Street address of the office location, that will appear on the face of the license.
- No. 4 The mailing address of the applicant, if different from No. 3. If same, so state.
- No. 5 Main office phone number, fax number, web site and/or e-mail address.
- No. 6 Check the type of organization. Attach copies of Certificate of Authority, Articles of Incorporation or Organization, Partnership Agreement and Bylaws, whichever is applicable.
- No. 7 Insert the state in which the applicant was originally registered and date that the applicant was incorporated, organized or formed.
- No. 8 Out-of-state applicants must submit documentation evidencing that your company/entity is authorized to do business in the state in which you are applying. (Registration Certificate from the proper authority such as the Secretary of State)
- No. 9 Self-explanatory
- No. 10 Self-explanatory
- No. 11 Complete name, address, and phone number of the Registered Agent for Service of Process. (Sole Proprietor's put "N/A.") Registered Agent must be a person located in the state in which you are applying.
- No. 12 Self-explanatory
- No. 13 Self-explanatory
- No. 14 Self-explanatory
- No. 15 List the states in which the applicant/registrant is conducting or has conducted similar mortgage business.
- No. 16 List the name, title, complete address, and percentage of ownership of each director, manager, member, partner and all 10% or greater equity owners. Additional sheets may be copied and attached, if necessary. For purposes of this application, "equity owners" includes stockholders, members, partners, or limited partners that own equity in the business seeking licensure. If applicant is a subsidiary, list requested information for parent company.
- No. 17 Self-explanatory
- No. 18 Information concerning the parent company, if the applicant is a subsidiary and an organizational chart.

ALL ATTACHMENTS MUST BE SUBMITTED

REVISED 10/22/02	UNIFORM APPLICATION FOR LICENSURE/REGISTRATION			TYPE OF LICENSE APPLIED FOR:
1.	Full legal name of applicant <i>(attach secretary of state certificate from the state in which you are applying)</i> :			
2.	Trade name, dba, or assumed name of applicant, if applicable: <i>(attach registration documentation/certificate)</i>			Fed. Tax I.D.#:
3.	Principal office street address:			
	City:	State:	Zip Code:	
4.	Mailing address (street or post office box):			
	City:	State:	Zip Code:	
5.	Business phone number:		Business fax number:	
	E-mail address:		Web site: www.	
6.	Type Of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (Explain)	
7.	State/Commonwealth of Incorporation:		Date of Incorporation/Organization:	
8.	If a foreign corporation or other type of legal entity, state the date that the entity filed with the proper state authority in which the applicant is applying. (e.g. secretary of state), if so required:			
9.	Physical address of location at which the official books and records of the applicant are kept:			
	City:	State:	Zip Code:	Phone No:
10.	Does applicant engage in mortgage activity through electronic or automated mediums, such as the internet? () If yes, attach description of activity and web site address () No			
11.	Registered agent for service of legal process: <i>(must be located in state/commonwealth in which you are applying)</i>			
	Name:			
	Mailing Address:			
	City:	State:	Zip:	Phone Number:
12.	Person authorized to answer questions pertaining to this application:			
	Name:			
	Address:			
	City:	State:	Zip Code:	Phone No:
	E-Mail Address:		Fax No:	
13.	Person authorized to answer regulatory compliance issues:			

	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No:	
	E-Mail Address:		Fax No:		
14.	Person authorized to answer consumer complaints:				
	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No:	
	E-Mail Address:		Fax No:		
15.	List all states in which applicant is conducting or has conducted mortgage business related to this application: (attach list if necessary)				
	State or states in which business/was conducted	Type of business conducted	Names under which applicant <u>is</u> or <u>has</u> operated	Original license date	Active or Inactive
16.	List all principal officers and title held, directors, partners, and members. (attach addendum if necessary)				
Name & Title		Principal Office Address		% Ownership	
Name & Title		Principal Office Address		% Ownership	
Name & Title		Principal Office Address		% Ownership	
Name & Title		Principal Office Address		% Ownership	
Name & Title		Principal Office Address		% Ownership	
List all persons that have a 10% or greater equity interest not listed above.					
Name		Principal Office Address		% Ownership	
Name		Principal Office Address		% Ownership	
Name		Principal Office Address		% Ownership	

17.	Read the following questions carefully. If the answer is yes to any of the questions, attach a full written explanation. Include name, dates, court name and address, case number, judgment amounts.		
A.	Are there any civil or criminal proceedings pending against the applicant <u>or</u> civil or criminal convictions, plea of nolo contendere or plea to lesser charge entered against the applicant that involve theft, fraud, dishonest dealings or moral turpitude?	<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No	
B.	Is/has the applicant ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No	
C.	Has any other state or federal government agency denied the applicant a license	<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No	
D.	Is/has the applicant been the subject of any administrative action or enforcement proceeding by any state or federal government agency involving fines, penalties, or the revocation or suspension of any business license or permit?	<input type="checkbox"/> Yes, attach explanation <input type="checkbox"/> No	
18.	Is applicant a subsidiary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Parent company name:		
	Mailing address:		
	City:	State:	Zip Code:
	If applicant's parent company is a corporation, state where and when incorporated.		
	State Incorporated:	Date Incorporated:	
IN ADDITION TO ALL OF THE ABOVE, APPLICANT MUST SUBMIT THE FOLLOWING ATTACHMENTS:			
A.	Certificate of Resolution form stating who can sign official documents on behalf of the applicant.(See Attachment A)		
B.	Biographical / Authority Sheet completed and notarized for everyone listed in #16.(See Attachment B)		
C.	A current 10-year employment/experience form for everyone listed in #16 and sole proprietors.(See Attachment C)		
D.	Residence addresses for the last 10 years for everyone listed in #16.(See Attachment D)		
E.	Provide copies of the following, whichever are applicable: <ol style="list-style-type: none"> Certificate of Good Standing from the Secretary of State or other state authority in which the applicant was originally incorporated or organized. If applicant is a corporation, provide a copy of Articles of Incorporation, including amendments. If applicant is a Limited Liability Company (LLC) provide a copy of the Articles of Organization and operating agreement. If applicant is a general partnership or a Limited Liability Partnership (LLP) provide a copy of the Partnership agreement. 		

APPLICATION AFFIDAVIT

Signed this _____ day of _____ 20_____.

Name of Company

By:

Signature of Authorized Person

Print Name and Title

STATE OR COMMONWEALTH OF _____
COUNTY /PARISH OF _____

_____ personally came and appeared before me, the undersigned
(authorized person above)
notary, and declared under oath that she/he is the _____ of
(Title)
_____, that she/he is authorized to sign and submit the attached
(Name of Company)
application and that all statements and representations made therein are true and correct to the best of
his/her knowledge, information and belief.

Signature of the authorized person

Sworn to and subscribed before me on this the _____ day of _____ 20_____.

Notary Public

Print Name of Notary Public

My Commission Expires: _____

(Seal)

CERTIFICATE OF RESOLUTION

This form must be completed by all applicants, except sole proprietors, and must include the applicant's full name, including trade name(s), DBA name(s), or assumed name(s), if applicable.

This is to certify that at a ☐ Regular or ☐ Special meeting of the ☐ Board of Directors/or

☐ Members/ or ☐ Partners of _____
Name of applicant/company

organized under the laws of the State / Commonwealth of _____ held at

_____ Street address _____ City _____ State _____ Zip Code
on the _____ day of _____, 20____, the following resolution was

duly and legally presented and adopted, to wit:

It being the desire and purpose of _____
Name of applicant/company

to be licensed or registered, BE IT RESOLVED, that _____

_____ Name of authorized representative
who is the _____ of this ☐ limited liability company, ☐ corporation,
Title of authorized person

☐ limited partnership, or ☐ general partnership is, in his/her official capacity, hereby authorized

and directed to prepare, execute, verify, and present to the proper state authorities, for filing, a written

application for licensure or registration. Further, he/she is hereby authorized and empowered to make, sign

and execute all documents pertaining to the application and to perform every act whatsoever as required to

file the application on behalf of _____
Name of applicant/company

AUTHORIZED SIGNATURE

(If corporation, this form must be signed by Secretary)

Print Name

TITLE : _____

DATE: _____

Attachment [B]**AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES****THIS FORM MUST BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 16**

Name:	Social Security #:
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Home Address, City, State, Zip Code:

Date of Birth:	Home Telephone No:
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Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.

Have any civil judgments been entered against you during the past 10 years?	() Yes, attach explanation () No
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Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty?	() Yes, attach explanation () No
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Have you been convicted of or entered a plea of Nolo Contendere to a felony?	() Yes, attach explanation () No
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Have you ever been convicted of or entered a plea of Nolo Contendere to any misdemeanor involving theft, fraud, or dishonesty?	() Yes, attach explanation () No
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Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	() Yes, attach explanation () No
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Have you been subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business, fines or penalties?	() Yes, attach explanation () No
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Have you been discharged for cause or been requested to resign from any employment position?	() Yes, attach explanation () No
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I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.

I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.

_____ Signature

SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____.

AT: _____, _____
(CITY) (STATE or COMMONWEALTH)

PRINT NAME OF NOTARY PUBLIC:	SIGNATURE OF NOTARY PUBLIC:
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Attachment [C]**EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager and 10% or greater equity owner of applicant must fill out this form. You may submit your own resume' as long as it includes the information listed below. Explain any gaps in work history. *(Attach additional sheets, if necessary)*

NAME: _____

Employer Name and Address	Position/Brief Description of Duties	Start Date	End Date	Reason for Leaving

Attachment [D]**LIST RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager and each 10% or greater equity owner of applicant must fill out this form. *(Attach additional sheets, if necessary)*

NAME: _____

Residential Address	Start Date	End Date

DIRK KEMPTHORNE
GOVERNOR

GAVIN M. GEE
DIRECTOR

STATE OF IDAHO
DEPARTMENT OF FINANCE
700 W. STATE STREET, 2nd FLOOR – BOISE ID 83702
P O BOX 83720 - BOISE ID 83720-0031
TELEPHONE: (208) 332-8002
FAX: (208) 332-8099
www.idahofinance.com



IDAHO ADDENDUM

Mortgage Broker/Lender License Application

The following items must be included with any submission for a mortgage broker/lender license in addition to the requirements of the uniform application form. Each location desiring to conduct business in Idaho must be separately licensed and will require a separate application form. Attachments for items 1, 4, and 5, below, must be submitted for all branch applications.

- _____ 1. **Qualified Person in Charge:** This person must demonstrate a minimum of three (3) years' experience specifically in residential mortgage brokering/lending. Idaho Code § 26-3108(2)(b). This person does not have to be an owner, officer, member, partner or director. **Attachments B, and C/D must be completed for this person.** Detailed job description/duties, not just title, must be provided. If a resume is submitted it must contain names, addresses, dates (mo/yr) of employment and detailed job descriptions/duties for all employers.

Qualified Person in Charge

Business Address

Phone

- _____ 2. **Evidence of filing with the Idaho Secretary of State's office:** This may be a file-stamped (accepted) copy of the appropriate application or a copy of the actual certificate. If a "d/b/a" or "fictitious" business name will be used in Idaho, a file-stamped copy of the Certificate of Assumed Business Name will also be required. Contact (208) 334-2300 or www.idsos.state.id.us for further information.
- _____ 3. **Samples of all origination forms that Idaho borrowers will be required to sign or acknowledge prior to closing.** Idaho Code § 26-3105(8). Do **not** include closing documents such as the Note, Deed of Trust, etc. *Form samples should **also** include those used to satisfy the four (4) required disclosures under Rule 50.03 (IDAPA 12.01.10.50).* Model forms for Rule 50.03 and 50.05, along with a guideline "outline" for Rule 50.01 are available on the Department's website at www.idahofinance.com and are included in any application package that was requested by mail. Applicant will need to provide its form used to satisfy Rule 50.04.
- _____ 4. **Application Fee:** \$350.00 payable to the Idaho Department of Finance for each application/location.
- _____ 5. **Surety Bond or Certificate of Deposit:** Bond or CD must be in the minimum amount of \$25,000 for the "Home/Main" office, increased by increments of \$10,000 for each additional branch location. There is no maximum cap. The **original** bond or CD must be provided to this office. The bond must be fully executed by both the surety company and applicant. Subsequent increases to the bond may be in the form of a fully executed rider. A CD must be payable to the Idaho Department of Finance, with interest payable to the applicant entity. A CD must remain in place for a period of three (3) years after cessation of Idaho licensure.



Check this box if you intend to **fund**, either through a warehouse line or other entity-owned funds, subordinate lien financing (i.e. second mortgages, equity lines, etc). If marked, this application will also serve as the application for the **Idaho Regulated Lenders License** and **subject the applicant to the provisions of the Idaho Credit Code, its renewals and reporting requirements.**

Please submit all items simultaneously. All approved licensees are posted to the Department's website daily.

YOU ARE NOT AUTHORIZED TO ENGAGE IN MORTGAGE BROKERING OR MORTGAGE LENDING ACTIVITIES IN IDAHO UNTIL YOU HAVE RECEIVED A LICENSE.

Return this Addendum with your application package.



STATE OF IDAHO
DEPARTMENT OF FINANCE
Consumer Finance Bureau
700 West State Street, 2nd Floor
P.O. Box 83720
Boise, ID 83720-0031

BOND # _____
Effective date _____ 20____

SURETY BOND FOR MORTGAGE BROKER/LENDER

KNOW ALL MEN BY THESE PRESENTS, that we, _____, as Principal and _____, a corporation duly incorporated under the laws of the state of _____, and authorized to do business in the state of Idaho, as surety, are held and firmly bound unto the State of Idaho in the penal sum of \$ _____ for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, firmly by these presents.

In the event that the Principal or any employee or agent of the Principal has violated any of the provisions of chapter 31, title 26, Idaho Code, or of a rule or order lawfully made pursuant to chapter 31, title 26, Idaho Code, or federal law, or regulation pertaining to the mortgage banking or mortgage lending activities set forth in section 26-3102, Idaho Code, and has damaged any person by such violation, then the bond shall be forfeited and paid by the surety to the state of Idaho for the benefit of any person so damaged.

This bond shall be a continuing obligation of the surety. The surety's liability under this bond for any claim that is made thereunder, either individually or in the aggregate, shall in no event exceed the penal amount of the bond issued.

PROVIDED, FURTHER, that the surety may cancel this bond as an entirety by giving thirty (30) days notice to the Idaho Department of Finance at Boise, Idaho, and if canceled by the surety, copy of said notice of cancellation shall be sent by registered mail to the Principal hereunder. Said notice to the Idaho Department of Finance shall also be sent by registered mail. In case of such cancellation by the surety, no further obligation shall be incurred under this bond after the expiration of said thirty (30) days, but the liability of the Principal and surety shall apply as above set out as to any acts or omissions which may have occurred prior to the effective date of such cancellation.

(NAME OF MORTGAGE BROKER/LENDER)

(SIGNATURE OF OFFICER OF THE FIRM) Date

(NAME OF SURETY COMPANY)

(SIGNATURE OF OFFICER OF SURETY COMPANY) Date

(TITLE OF OFFICER)